



MAINE BOARD OF PHARMACY

Application information to assist in completing your application. This information is not designed to include all information on laws and rules and it is strongly recommended that you review applicable laws and rules.

Maine Licensed Pharmacist Applying for Certificate of Administration of Drugs and Immunizations

Do not return the informational pages with your application; it is for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345
Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8637
Web address: www.maine.gov/professionallicensing
Email: pharmacy.lic@maine.gov

APPLICATION INSTRUCTIONS

CERTIFICATE OF ADMINISTRATION OF DRUGS AND IMMUNIZATION

For individuals who hold a current Maine Pharmacist License

The following is a guideline to assist in your application process. It does not, however, replace the requirements outlined in the Maine Board of Pharmacy Laws and Rules. Please review them carefully for more detailed and clarifying information.

CHECKLIST:

- ☐ Application fully completed with required fee
- ☐ Copy of the 20 hour course of study or college transcript that includes completion of training in the area of drug administration. Training must be within 3 years immediately preceding this application for a certificate of administration.
- ☐ Copy of the Life Support Training (CPR) is enclosed with this application
- ☐ Check to be sure that you have placed your initials on each page of the application where noted. This is critical to insuring that each page of your application is intact with the correlating application and will help us with expediting your application review.

Your application will be considered incomplete and will be returned if this application is: incomplete, altered (including use of any white out), defaced, or compromised. This includes, but not limited to, unanswered questions, lack of appropriate signature, information is illegible, required supporting documents not included, and/or missing or wrong fee.

PROCESSING TIME:

- ✓ Your application has greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the certificate to administer will be issued and the status will show as ACTIVE. If incomplete and a letter is being sent to you, the letter will be available for you to see online.
- ✓ Please refrain from calling our office to “check” on your application as these calls only serve to slow our ability to review and process applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation’s website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.
- ✓ Once our office has issued your certificate to administer the drugs & immunizations, your status online will change to ACTIVE. However, please be aware that licenses are printed outside this office by another agency. *Please allow at least 14 business days* for the printing of the license and mail delivery.

NOTICE, if you **do not** hold a Maine Pharmacist License and wish to apply for a Certificate of Administration of Drugs and Immunizations, you must file the appropriate application to obtain a Maine Pharmacist license, which will include an option for you to apply for a Certificate of Administration. Applications to apply for an initial Maine Pharmacist license by: Examination, Score Transfer, or by Reciprocity/Endorsement are available online at www.maine.gov/professionallicensing.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 MRSA §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)

FULL LEGAL NAME *FIRST* *MIDDLE INITIAL* *LAST*

ANY OTHER NAMES EVER USED:

DATE OF BIRTH *mm / dd / yyyy* SOCIAL SECURITY NUMBER - -

MAILING ADDRESS

CITY STATE ZIP COUNTY

PHONE # () FAX # () E-MAIL

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. Have you ever been convicted by any court of any crime?
(circle one) NO YES

If yes, enclose a signed detailed description of what happened (including dates) and a copy of the court judgment.

2. Has any jurisdiction (including Maine) taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES

If yes, enclose a signed detailed explanation and copies of all documents.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

→ SIGNATURE DATE

MAINE BOARD OF PHARMACY

APPLICATION FOR A

CERTIFICATE OF ADMINISTRATION OF DRUGS AND IMMUNIZATIONS

(Use this form only if you currently hold a Maine Pharmacist License)

REQUIRED FEE: \$20.00 (Non-Refundable)

TO EXPEDITE THIS APPLICATION, PLEASE PROVIDE YOUR
MAINE PHARMACIST LICENSE NUMBER AND EXPIRATION DATE BELOW:

Maine Pharmacist Lic# PR

Expiration Date _____

Office Use Only:

Check # _____

Amount: _____

Cash # _____

Lic. # _____

Issue Date _____

Office Use Only:

PR 1421A - \$20.00

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print) *FIRST* *MIDDLE INITIAL* *LAST*

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my ☐ VISA ☐ MASTERCARD the following amount: \$ _____

☐ I understand that fees are non-refundable

Card number: *xxxx-xxxx-xxxx-xxxx* Expiration Date *mm / yyyy*

→ SIGNATURE DATE

YOU MUST COMPLETE SECTION 1 OR SECTION 2, WHICHEVER APPLIES.

Your PharmD transcripts and evidence of having completed a 20 hour course of study **must** accompany this application; otherwise your application will be deemed incomplete and returned without processing. The PharmD program or the 20 hour course of study must meet the didactic & practical requirements described in 32 MRSA § 13832(4).

32 MRSA § 13832(4)

Didactic; practical course. Satisfactorily complete a didactic and practical course approved by the board that includes the current guidelines and recommendations of the federal Department of Health and Human Services, Centers for Disease Control and Prevention, the American Council on Pharmaceutical Education or a similar health authority or professional body, and that includes, but is not limited to, disease epidemiology, indications for use of vaccines, vaccine characteristics, injection techniques, adverse reactions to vaccines, emergency response to adverse events, immunization screening, informed consent, record keeping, registries, including the immunization information system established under Title 22, section 1064, registry training and reporting mechanisms, including reporting adverse events, life support training, biohazard waste disposal and sterile techniques and related topics.

Pursuant to 32 MRSA Sub-Section 13832(3) training must have been obtained within 3 years immediately preceding this application. In addition:

- A PharmD transcript must clearly state your name and date the degree was awarded.
- The 20 hour course of study must clearly state your name, date of completion and the number of hours completed.

SECTION 1: TRAINING— Complete this section IF YOU HAVE COMPLETED A 20-HOUR COURSE OF STUDY (32 MRSA §13832, section 3)

Please list the name of the course, the course sponsor and date course completed.

- ☐ Check here if this is an American Council on Pharmaceutical Education (ACPE) course.
Course name: _____
Date Completed: _____
- ☐ Check here if this is a course sponsored or approved by the Centers for Disease Control and Prevention.
Course name: _____
Date Completed: _____
- ☐ Check here if Other: - please provide a copy of the course syllabus or course content.
Course sponsor: _____
Course name: _____
Date Completed: _____

SECTION 2: TRAINING— Complete this section if applying with a PharmD degree.

College of Pharmacy	Date Degree Awarded	Semester Immunology was taken
College Contact Address	PO Box or Street Address	
City	State	Zip Code

INITIALS OF APPLICANT

SECTION 3: LIFE SUPPORT TRAINING (CPR) — Evidence of completing cardiovascular life support training.

Please complete the following.

- ☐ Check here if this is an American Heart Association course.

Course name: _____

Date Completed: _____

- ☐ Check here if this is an American Red Cross course.

Course name: _____

Date Completed: _____

- ☐ Check here if Other:

Course sponsor: _____

Course name: _____

Date Completed: _____

SECTION 4:

For Your Information on Treatment Protocol

The following is an excerpt from 32 MRSA §13833:

“The pharmacist shall administer drugs and immunizations in compliance with a treatment protocol established by a practitioner authorized under the laws of this State to order administration of those drugs and immunizations approved by the board. A copy of the treatment protocol must be submitted to the board....”

BOARD RULE CHAPTER 4-A

Requires that a pharmacist holding a certificate of administration or the pharmacy or pharmacies to which the treatment protocol is issued shall submit a copy of the protocol to the board no later than 20 calendar days after the effective date of the protocol.

INITIALS OF APPLICANT

SECTION 5: NOTICES

Please Note:

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

SECTION 6: APPLICANT'S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application. Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Board of Pharmacy will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	Title
Signature of Applicant	Date
	